

# Protected Health Care Application In Cloud using Ciphertext-Policy Attribute-Based Encryption And Hierarchical Attribute-Based Encryption



I. Sudha, R. Nedunchelian

**Abstract:** Cloud computing is becoming an emerging paradigm to tenuously store and Share the data for users. A personal health record (PHR) could be a health record during which the patient keeps health data and other information associated with the patient's care. There is a great challenge of privacy and confidentiality once patient shares their records of the commercial cloud servers, that results in less secure. In view of the above, this paper proposes a technique which combines attribute based access control model with an expansion of ciphertext-policy attribute-set-based encryption (ASBE) and Hierarchical Attribute-based Encryption allows to store the sanitized data securely in the cloud system and also the original data may be retrieved from the sanitized data with the help of the key provided by the data owner. The experimentation is carried out on the data sets and it provides superior performance efficient and accurate results. PHR system categorizes the users to multi security domains so as to scale back key management quality.

**Index Terms:** Cloud Computing, Personal Health Records (PHR), Attribute Based Encryption (ABE), Hierarchical Attribute-based Encryption, Ciphertext-policy Attribute-set-based encryption.

## I. INTRODUCTION

The individual wellbeing vault created as a model of patient-focused wellbeing data exchange. A human services administration that allows their clients to make, get to and deal with their records at one spot that outcomes in productive recovery of information. By guaranteeing security, various experts have rights to get to the PHR. In the event of crisis circumstance, the office is taken care of with outside security.

Typically, by presenting PHR administrations for every one of the, few security and protection dangers may stop its broad appropriation. While sharing the individual information record to the outsider server, the patient should recall of their power over their information. From one perspective, however, there are sterile guidelines, for

example, the use of late changed HIPAA Incorporation of Business Partners Cloud suppliers are commonly not secured elements. Malicious attackers and fraudsters could center the outsider servers to encourage the private information of the patients. For instance, a representative in the division of Veterans Affairs has taken information from their database of touchy PHI of 26.5 million military veterans, together with their security numbers and medical problems without approval. To ensure protection, there is got the opportunity to have fine-grained information access control that works with semi-confided in servers.

This paper proposes a calculation alluded to as ciphertext-policy attribute-set-based encryption and hierarchical Attribute-based Encryption, that is amazingly effective for secure transmission of restorative information inside the cloud framework, when the crucial information is being moved to the end clients. The principle target of the above proposed calculation has been to ensure the information encryption just by demonstrating the fundamental subtleties to the end clients without uncovering the first information.

## II. LITERATURE REVIEW

Antonio Criminisi, Patrick Pérez and Kentaro Toyama [1] Richard S. Surwit, Lyle M. Allen, III, Sandra E. Cummings (2000) proposed "Frameworks, techniques and results of PC programs for observing, analysis and treatment of ailments confined remote patients who investigate checking frameworks of patients with remote ailments of patients are dealt with, analyzed and observed by a focal information handling framework to impart and get information from specific patient observing frameworks, These incorporate accepting and putting away quiet information all through the restorative portion calculation to produce a put away medicinal portion for the patient A focal information preparing comprises of an average measurements calculation, acquiring information for every patient and characterizing the patient's therapeutic remedies, every individual patient, just as changes to sedate data, dose and the treatment is conveyed straightforwardly to a patient or to a patient observing framework.

Marc Edward Chicorel (2001) proposes "The notes of medicinal advancement created by the PC console through a coded language dependent on determination" clarified that a documentation framework on restorative advancement that an arranged "language" of codes comprising of under two letters in order, when

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\*Correspondence Author(s)

I. Sudha, Research Scholar, Department of Computer Science and Engineering, Saveetha University, Chennai, Tamilnadu, India.

R. Nedunchelian, Professor, Department of Computer Science and Engineering, Karpaga Vinayagar College of Engineering and Technology, Chennai, Tamilnadu, India.

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you embed a processor customized in a particular course of action it produces an expressive expression that shows foreordained procedures oftentimes utilized in a specialist's office. Karlyn Jordan (2002) proposed "Wellbeing examination and visualization of anomalous conditions" by investigating a patient's wellbeing status and entering a scope of the wellbeing enrollment flag, each sign being estimated with the demonstrative default wellbeing capacity is incorporated into the ordinary scope of the patient's wellbeing report, taken at different stages/courses of events.

Jeffrey J. Clawson (2003) has characterized "Strategy and framework for upgrading section procedure of embedding a crisis therapeutic dispatch framework", which investigates a framework created to process, get and react to crisis medicinal calls from crisis dispatchers. Pekka Ruotsalainen (2004) In "A cross-stage model for safe correspondence of electronic medical records" expresses that it is extremely sheltered and secure in sharing the patient's classified data. Roger J. Quay (2005) in "Strategy and contraptions for wellbeing and ailment the executives, which joins the checking of patient information with remote Internet network", clarifies that a capacity that gives a technique to an observing framework remote wellbeing to screen the patient's wellbeing by associating an Internet-empowered remote gadget ("WWD") to a status observing gadget.

J. Bethencourt, A. Sahai and B. Waters (2007) proposed for property based encryption permit scrambled access control where the client's private keys are demonstrated by a lot of properties and a section that encodes the information and can recognize a strategy on these characteristics, which clients can unscramble. It wound up with a moderate loss of productivity in the current frameworks. B. Waters (2011) proposed Cipher content strategy property based encryption. This is extremely expressive, proficient, provable and secure acknowledgment. It additionally gave an execution of the framework, including a few enhancement procedures. Lohr A.R.et.al. (2010) The issues of e-wellbeing mists are capacity of information and the board of e-wellbeing foundation preparing, ease of use and client experience. Protection and security properties have been given to guarantee the essential security in e-human services framework. Dong C et.al., (2010) The server is effective to perform encoded searches and updates in the scrambled information without the learning to the outsiders with the typical content or decoding keys. Li M et.al., (2011) A versatile system for Authorized Private Keyword Search (APKS) on the scrambled information in cloud.P.Saranya (2017), did a study on encryption plans and the subtleties are as per the following

**Table 1: Comparison of Encryption Schemes**

Techniques	Access Control	Efficiency	Flexibility	Scalability	Security
ABE	High	Low	High	High	Low
CP-ABE	High	High	Low	Low	Low
KP-ABE	High	Low	Low	Low	Low
IBE	Low	Low	Low	Low	High
HABE	High	Low	Low	High	Low
MA-ABE	High	High	High	High	Low

**III. METHODOLOGY**

The proposed framework coordinates KP-ABE and Multi-Authority ABE and some cryptography plans gives patients have secure sharing of their medical records. Here the primary module examines about attribute based encryption.

**A. Registration**

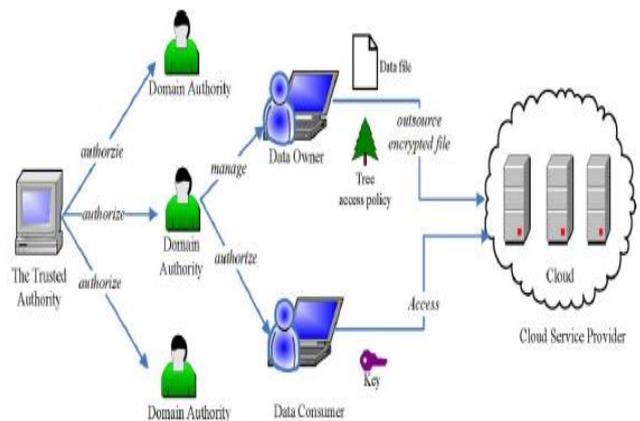
Registration used for the few proprietors, AAs and clients. The trait pecking order of the document's leaf hubs is nuclear record classifications, while the inward hubs are compound classifications. PSD information perusers approach the dark box classifications.

Each PSD utilizes two ABE frameworks, the revocable KP-ABE plan is connected for every PUD, our proposed revocable MA-ABE plan is as given underneath.

- PUD - public domains
- PSD - personal domains
- AA - attribute authority
- MA-ABE - multi-authority ABE
- KP-ABE - key policy ABE

**B. Upload files**

Upload files with the help of secure keys. Information proprietors transfers the ABR encoded PHR documents, which will be sent to the server. To utilize the transferred records, every one of the information proprietor's PHR documents is scrambled in a particular layout.



**Fig.1. System Architecture**

**C. ABE for Fine-grained Data Access Control**

Attribute based encryption system is connected to acquire the ensured electronic social insurance records and it goes about as a fine-grained access control. This plot fixations basically on how well the properties gets related between the client and data. It manages figure cipher text policy attribute based encryption where the customers can get to the information simply subsequent to be experiencing legitimate approval process. CP-ABE technique is utilized to encode tolerant information utilizing a lot of characteristics and just the clients related to those qualities can decode the ciphertext. The decryption key of every client is related with a lot of properties that procedure the client's authorizations.



Consequently, by guaranteeing the ABE encryption approach the trading of EHR is done in an effective way and the patients medicinal information can be put away to the remote servers.

*D. Setup and Key Distribution*

This framework utilizes two areas, especially, arrangement and key age. To arrange arrangement, the RSA and Blowfish algorithm are executed utilizing certain parameters. Within the individual area, the framework characterizes various information qualities like profile, patient's restorative history, hypersensitivities, remedies, crisis. Crisis credits are being sketched out to get to the break-glass. The information proprietor makes their customer application through Key-Policy attribute based encryption in this way, making people in general/ace keys. A cloud specialist organization gives the open keys to make encrypted with the help of the framework.

In the public domain, the framework characterizes job characteristics through the secret keys. When a peruser gets to the administration, there exists the entrance benefit and to think of the identical key as far as possible.

*E. Encryption*

Encryption and decryption pursue an identical standard of CP-ABE with some key qualification. Every factor quality is enhanced with a consistent characteristic. This license greater execution once the arrangement tree contains partner equivalent interest for a variable characteristic. So this upgrade ought to be rejected and an arrangement tree that needs the nearness of the considerable number of qualities that create the parallel worth.

*F. Revocation*

Revocation alludes to the technique for disavowing the characteristics of the client. This plan performs disavowing utilizing the non-monotonic access structure that appends the requirement of the repudiated clients. A patient-driven model is wanted to share the PHRs during a numerous area and between the multi-authority. The PHR of a patient offers the application level needs between the private and public use.

*G. Break-glass module*

If there should be an occurrence of crisis, the entrance arrangements should be thus changed. To deal with the case, the information proprietors of PHR should designate the entrance benefit to the crisis division. A break glass access ought to be acquainted with handle the injured individual record. To protect the PHR from vindictive aggressors, the crisis laborers ought to confirm their character and needs to contact the crisis division in order to encourage the brief read keys. When the circumstance is finished, the patient will disavow the rising access.

**IV. RESULTS AND DISCUSSION**

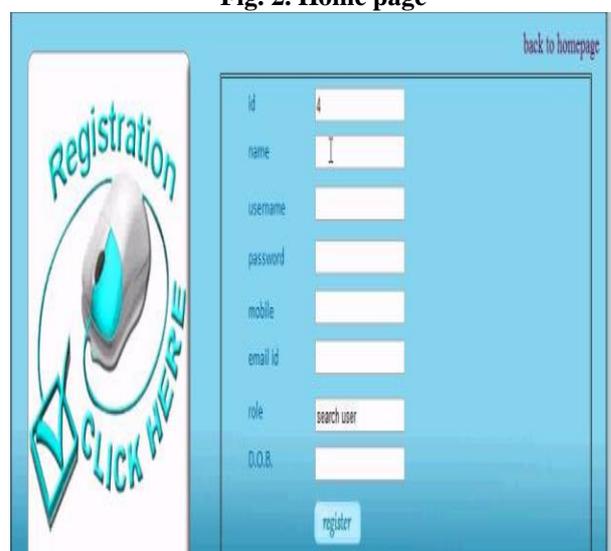
Usage is the most indispensable stage to accomplish a fruitful framework and to give the client the conviction that the new framework is achievable and successful. Execution of a change to supplant the current one. In the event that there are not very many changes in the framework. It is moderately simple to deal with this sort of discussion. Each

program was independently tried at the hour of advancement, utilizing information and it was confirmed that this program was connected to one another as indicated by the particulars of this program, since the client fulfills the PC framework and checks its condition. The PC framework and the earth are tried for client fulfillment. The created framework is acknowledged and demonstrated to be acceptable to the client. In this manner the framework will be actualized soon. A straightforward working method is given with the goal that the client can comprehend the various capacities obviously and rapidly.

In this segment, portray the disambiguation of the element. In this segment each of the screen captures and the graphical UI that the client performs while utilizing CP-ABE and the certain appointment is dissected are introduced.

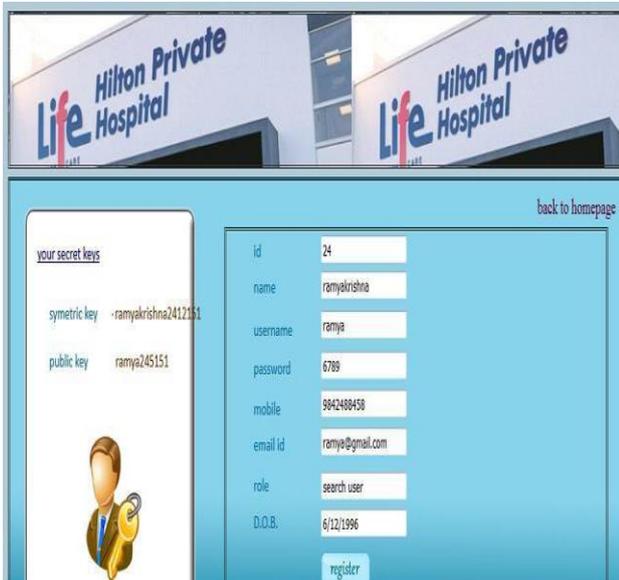


**Fig. 2. Home page**



**Fig. 3. Registration**

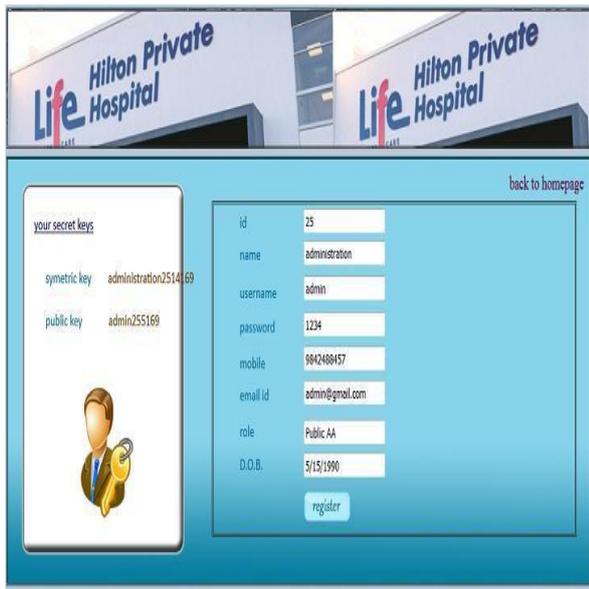
**Protected Health Care Application In Cloud using Ciphertext-Policy Attribute-Based Encryption And Hierarchical Attribute-Based Encryption**



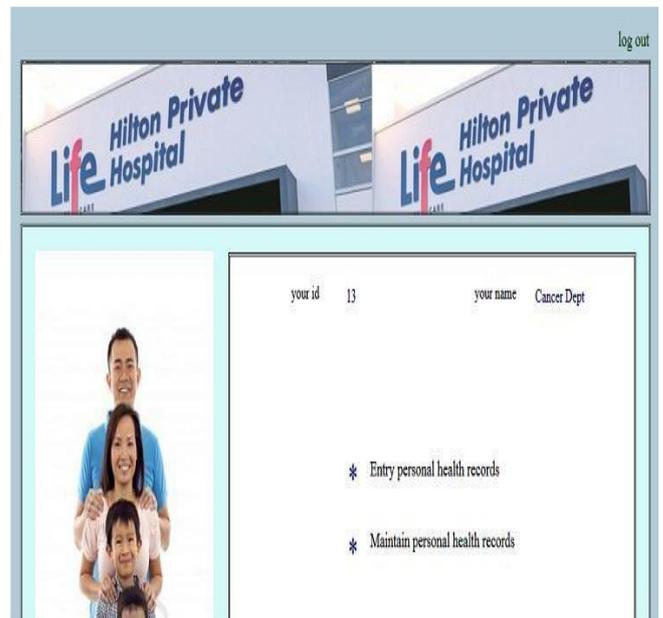
**Fig. 4. Setup and Key Distribution**



**Fig. 7. PHR Owner login**



**Fig. 5. Public Attribute Authority Registration**



**Fig. 8. PHR Owner After Login**



**Fig. 6. Public Attribute Authority login**



**Fig. 9. Upload File**

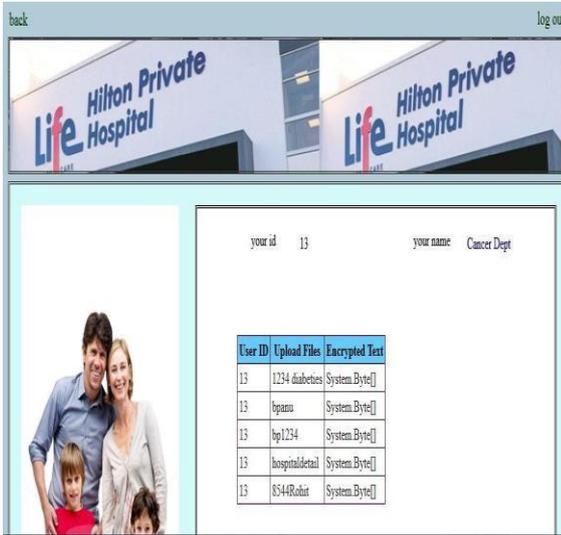


Fig. 10. Maintain PHR Information

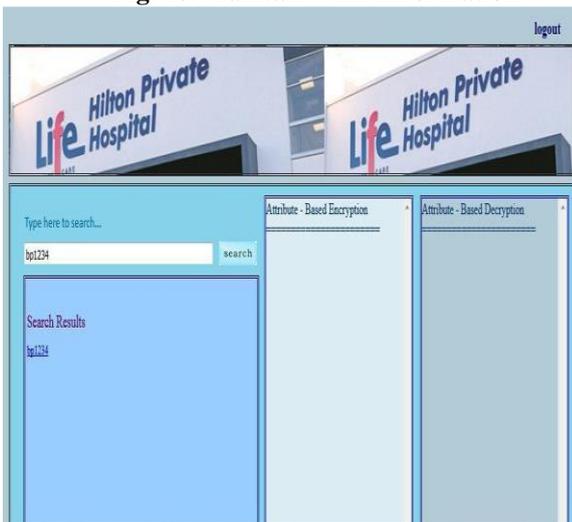


Fig. 11. User Search File



Fig. 12. User Secret Key

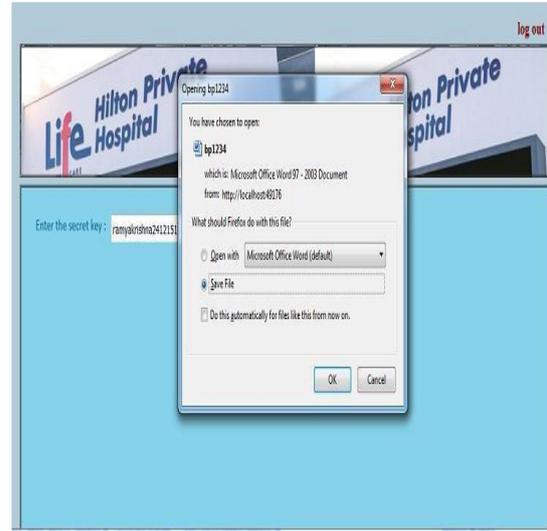


Fig. 13. Download File

age	chest pain	rest	bpres	blood_sugest	electriax	heart rarrive_ang	disease	
32	asympt		140	f	normal	135	yes	positive
	atyp_angina		120	f	normal	160	yes	negative
	non_anginal		160	t	normal	160	no	negative
	non_anginal		160	f	normal	146	no	negative
	asympt		140	f	normal	130	no	negative
	asympt		140	f	normal	135	no	negative
	asympt		140	t	left_vent_hy	119	yes	positive
	asympt		200	f	normal	142	yes	positive
	asympt		130	f	normal	125	no	positive
	asympt		170	f	st_t_wave_e	122	yes	positive
	non_anginal		140	f	st_t_wave_e	170	no	negative
	asympt		100	f	normal	125	no	positive
	atyp_angina		160	t	normal	143	yes	positive
	atyp_angina		140	t	normal	140	no	negative
	asympt		110	f	normal	166	no	positive
	non_anginal		120	f	left_vent_hy	135	no	negative
	atyp_angina		140	f	normal	150	no	negative
	asympt		140	f	st_t_wave_e	140	yes	positive
	asympt		106	t	normal	110	no	positive

Fig. 14. Download File Image

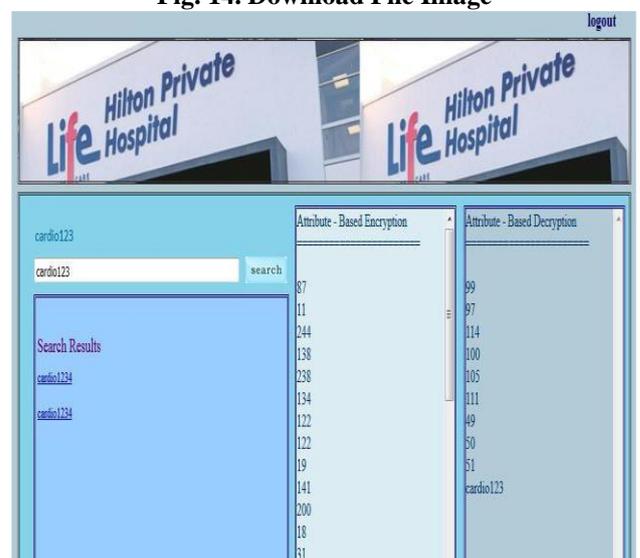


Fig. 15. Encryption and Decryption of the File

Protected Health Care Application In Cloud using Ciphertext-Policy Attribute-Based Encryption And Hierarchical Attribute-Based Encryption

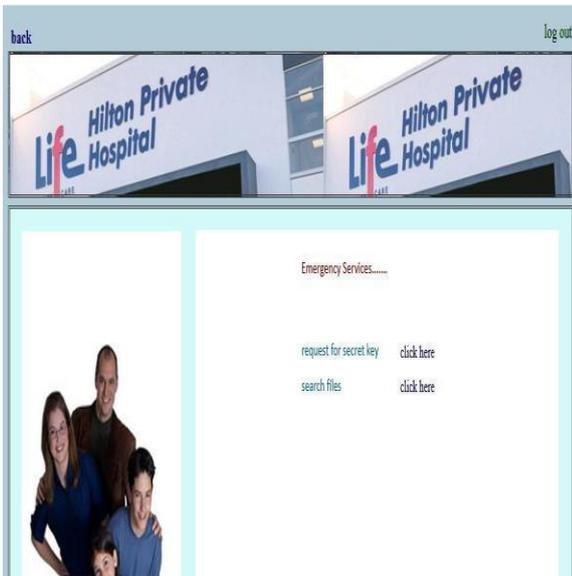


Fig. 16. Emergency Service

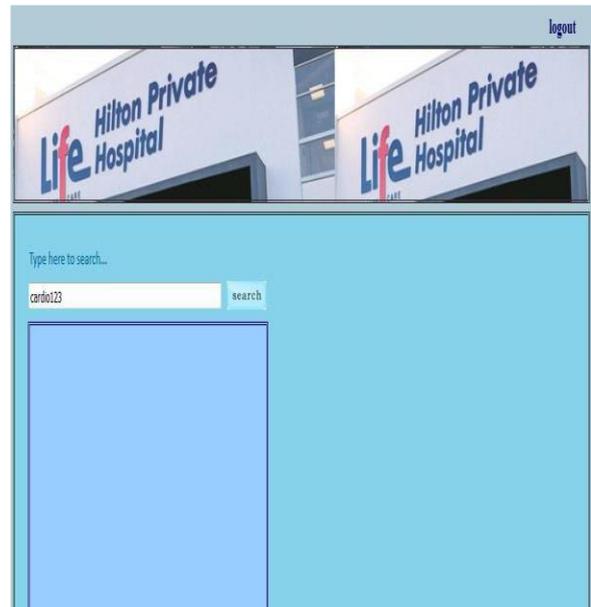


Fig. 19. Emergency Service Search Phase

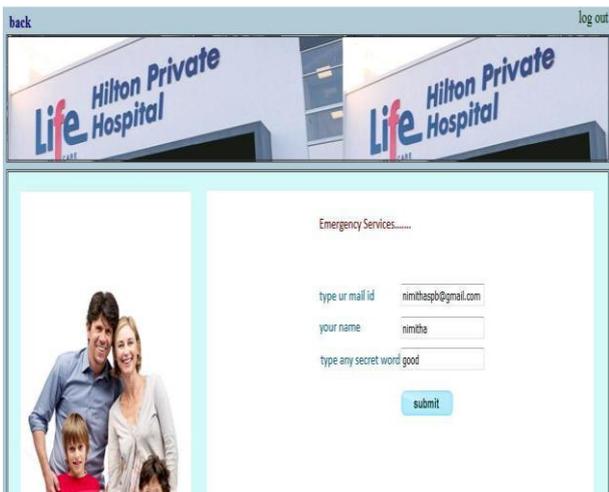


Fig. 17. Emergency Service Access Secret Key

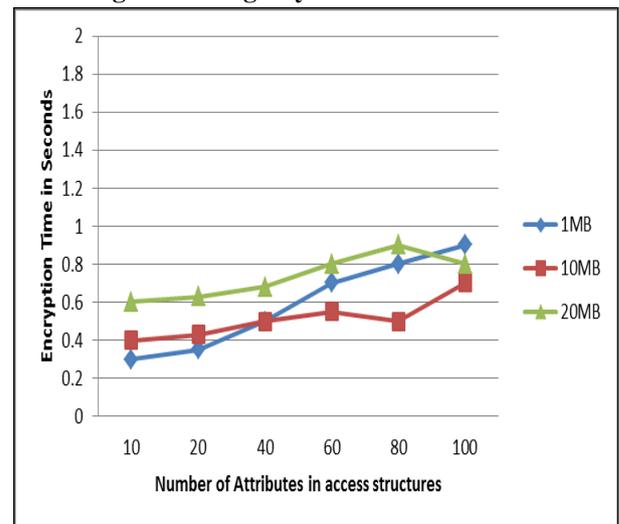


Fig. 20. Encryption time for varying number of attributes in the access structure (Three image sizes)

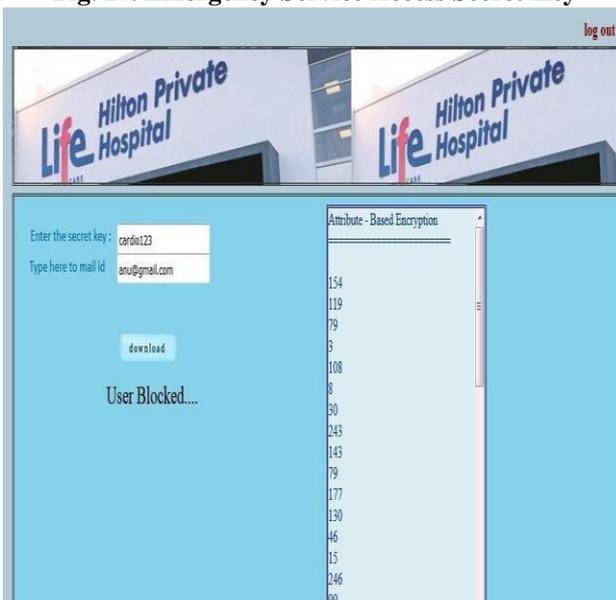


Fig. 18. Emergency Service Access File

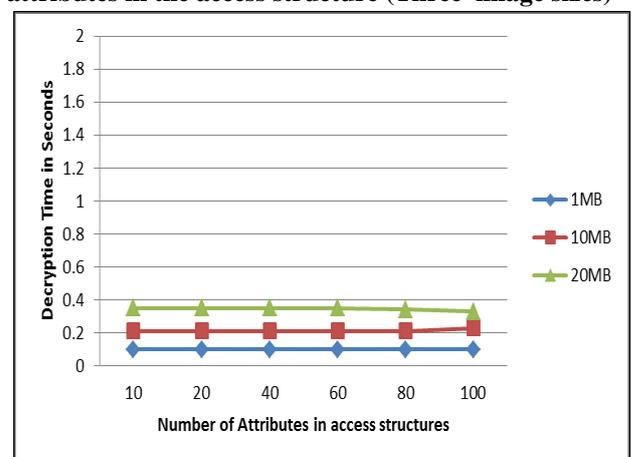


Fig. 21. Decryption time for varying number of attributes in the access structure (Three image sizes)

## V. CONCLUSION

This paper illustrates a technique to obtain the protected data using ciphertext-policy attribute-set-based encryption and Hierarchical Attribute-based Encryption. As per this algorithm, the original data are converted into protected data by applying a set of processes and operations for encrypting the data and to show only the essential data for the third parties without revealing the original private data. Further, the data owner can generate a key for retrieving the original data from the sanitized data in the cloud

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